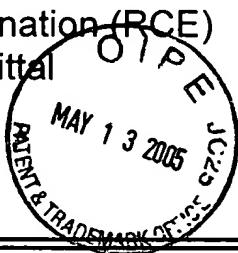


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Request
for
Continued Examination (RCE)
Transmittal**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



| | |
|------------------------|-------------------|
| Application Number | 09/627,232 |
| Filing Date | July 27, 2000 |
| First Named Inventor | Nancy GEORGE |
| Art Unit | 2163 |
| Examiner Name | Alford W. KINDRED |
| Attorney Docket Number | 066990.0102 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. Other _____

b. Enclosed

i. Amendment/Reply iii. Information Disclosure Statement (IDS)

ii. Affidavit(s)/Declaration(s) iv. Other _____

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MAY 18 2005

Technology Center 2100

2. **Miscellaneous**

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to a. Deposit Account No. 02-0375 I have enclosed a duplicate copy of this sheet.

| | |
|---|---------------------------------------|
| i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) | 05/16/2005 SZEWDIE1 00000035 09627232 |
| ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) | 01 FC:2801 395.00 OP |
| iii. <input type="checkbox"/> Other _____ | |
| b. <input checked="" type="checkbox"/> Check in the amount of \$ 455.00 | enclosed |
| c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed) | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | |
|-------------------|------------------|----------|
| Signature | Date | as 13/05 |
| Name (Print/Type) | Registration No. | 33,470 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

| | |
|-------------------|------|
| Signature | Date |
| Name (Print/Type) | |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



RCE 18

FEE TRANSMITTAL

[MAIL STOP RCE]

| | | Complete If Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------|---|-----------------|--------------|-----------------|-----------------|--|-------|---|----|--|--------------|---|--------------|--|----|---|------------|---|--------|---|----|--|----|--|-------------|---|---------------------------|---|----|--|-----------|---|--------|--|----|---|----|---|----|---|-----------------------|---------------|--------------------------|-----------|--|-------------------------|------|---------|---------------------------------|
| Total Amount Of Payment | (\$) | 455.00 | Application No. | 09/627,232 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check one) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P.</p> <p><input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 02-0375.</p> | | <p>3. ADDITIONAL FEES</p> <table> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Extension for reply with 1 month</td> <td>\$ 60.00</td> </tr> <tr> <td><input type="checkbox"/> Notice of Appeal</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Brief in Support of Appeal</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Request for Oral Hearing</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Utility Issue Fee (or reissue)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Design Issue Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Plant Issue Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions to Commissioner</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unavoidable)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unintentional)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions Related to Provisional Applications</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Submission After Final Rejection</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Recordation of Assignment Document</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Request for Reexamination</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) Request for Continued Examination Transmittal</td> <td>\$ 395.00</td> </tr> </tbody> </table> | | | Fee Description | Fee Paid | <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | <input checked="" type="checkbox"/> Extension for reply with 1 month | \$ 60.00 | <input type="checkbox"/> Notice of Appeal | \$ | <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | <input type="checkbox"/> Request for Oral Hearing | \$ | <input type="checkbox"/> Utility Issue Fee (or reissue) | \$ | <input type="checkbox"/> Design Issue Fee | \$ | <input type="checkbox"/> Plant Issue Fee | \$ | <input type="checkbox"/> Petitions to Commissioner | \$ | <input type="checkbox"/> Petition to Revive (unavoidable) | \$ | <input type="checkbox"/> Petition to Revive (unintentional) | \$ | <input type="checkbox"/> Petitions Related to Provisional Applications | \$ | <input type="checkbox"/> Submission of Information Disclosure Statement | \$ | <input type="checkbox"/> Filing Submission After Final Rejection | \$ | <input type="checkbox"/> Recordation of Assignment Document | \$ | <input type="checkbox"/> Filing Request for Reexamination | \$ | <input checked="" type="checkbox"/> Other (specify) Request for Continued Examination Transmittal | \$ 395.00 | | | | | | | | |
| Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Extension for reply with 1 month | \$ 60.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Notice of Appeal | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Request for Oral Hearing | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility Issue Fee (or reissue) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Design Issue Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Plant Issue Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petitions to Commissioner | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to Revive (unavoidable) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to Revive (unintentional) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petitions Related to Provisional Applications | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Submission of Information Disclosure Statement | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing Submission After Final Rejection | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Recordation of Assignment Document | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing Request for Reexamination | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other (specify) Request for Continued Examination Transmittal | \$ 395.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P., The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400.</p> | | <p>RECEIVED MAY 18 2005 Technology Center 2100</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Fee Calculation</p> <p>1. BASIC FILING FEE <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity</p> <table> <thead> <tr> <th></th> <th style="text-align: right;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Utility Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Design Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Plant Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Reissue Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Provisional Filing Fee</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> | | | | | | <u>Fee Paid</u> | Utility Filing Fee | \$ | Design Filing Fee | \$ | Plant Filing Fee | \$ | Reissue Filing Fee | \$ | Provisional Filing Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design Filing Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant Filing Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue Filing Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional Filing Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. EXTRA CLAIMS FEES</p> <p>CLAIMS AS AMENDED</p> <table> <thead> <tr> <th rowspan="2">For</th> <th rowspan="2">Number Present</th> <th rowspan="2">Highest Number Paid For</th> <th rowspan="2">Extra</th> <th colspan="2">Rate</th> <th rowspan="2">Amount</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td>19</td> <td>20</td> <td>0</td> <td>x \$ 50.00</td> <td>x \$ 25.00</td> <td>\$0.00</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>2</td> <td>3</td> <td>0</td> <td>x \$ 200.00</td> <td>x \$ 100.00</td> <td>\$0.00</td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIMS</td> <td></td> <td></td> <td></td> <td>\$ 360.00</td> <td>\$ 185.00</td> <td>\$0.00</td> </tr> <tr> <td>TOTAL EXTRA CLAIMS FEES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$0.00</td> </tr> </tbody> </table> <p>SUBMITTED BY</p> <table> <tr> <td>Typed or Printed Name</td> <td>James E. Aron</td> <td>Complete (if applicable)</td> </tr> <tr> <td>Signature</td> <td></td> <td>Registration No. 33,470</td> </tr> <tr> <td>Date</td> <td>5/13/05</td> <td>Deposit Account User ID 02-0375</td> </tr> </table> | | | | | For | Number Present | Highest Number Paid For | Extra | Rate | | Amount | Large Entity | Small Entity | TOTAL CLAIMS | 19 | 20 | 0 | x \$ 50.00 | x \$ 25.00 | \$0.00 | INDEPENDENT CLAIMS | 2 | 3 | 0 | x \$ 200.00 | x \$ 100.00 | \$0.00 | MULTIPLE DEPENDENT CLAIMS | | | | \$ 360.00 | \$ 185.00 | \$0.00 | TOTAL EXTRA CLAIMS FEES | | | | | | \$0.00 | Typed or Printed Name | James E. Aron | Complete (if applicable) | Signature | | Registration No. 33,470 | Date | 5/13/05 | Deposit Account User ID 02-0375 |
| For | Number Present | Highest Number Paid For | Extra | Rate | | | | | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL CLAIMS | 19 | 20 | 0 | x \$ 50.00 | x \$ 25.00 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEPENDENT CLAIMS | 2 | 3 | 0 | x \$ 200.00 | x \$ 100.00 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIMS | | | | \$ 360.00 | \$ 185.00 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL EXTRA CLAIMS FEES | | | | | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typed or Printed Name | James E. Aron | Complete (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | Registration No. 33,470 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | 5/13/05 | Deposit Account User ID 02-0375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |